U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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	(S DRO)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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(B) DRO			
1. File Number U - 10662	2. Fiscal Year Covered From:		
	1 / 1 / 2009 Through: $1 / 3 / 2009$		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name ALDO R ZAMBETTI	Name SHEET METAL WORKERS IA LOCAL #19		
	Labor Organization File Number 013-066		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1301 South Columbus BLVD	Street 1301 South Columbus Blus		
City PHILAdelphia	City Philadel Phia		
State PA . ZIP Code + 4 / 9/47	State PA ZIP Code + 4 19147		
5. Position in labor organization. Vick PRESIDENT			
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or omentary value from an employer whose employees your organization.	derived income or other economic benefit of on represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of I submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the		

Signed

215-952-1999

Telephone Number

Name of Person Filing ALDO ZAMBETT:	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Sheet METAL WORKERS Local #19 Just Appendice TRAILS WG FAUL Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street 1301 South Columbus BLVD	c. Employer		
City Philadel Phia			
State <i>PA</i> ZIP Code + 4 <i>19147</i>			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	SALARY		
Trade Name, if any:		·	
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.	86,201	
City.			
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	12.a. Nature of interest held or income received.		
	12.a. Nature of interest held or income received.		
	12.a. Nature of interest held or income received.		
	12.a. Nature of interest held or income received.		
	12.b. Amount.		
	12.b. Amount. r parts A and B above)		
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	12.b. Amount. r parts A and B above)		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. r parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. r parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. r parts A and B above) or other thing of value. 14.a. Nature of payment.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. r parts A and B above) or other thing of value. 14.a. Nature of payment.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. r parts A and B above) or other thing of value. 14.a. Nature of payment.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. r parts A and B above) or other thing of value. 14.a. Nature of payment.		

Name of Person Filing AUDO ZAMBETTI	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Shell METAL Workers Local # 19 Joint Appentice.	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 1.301 South Columbus BLW	c. Employer		
City PhiladelPhia			
State PA ZIP Code + 4 19147			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Benefit Package 2004		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.	39,944	
,	11.b. Approximate donar value of such dealing.	34//	
City	12 a Nature of interest held or income received		
City ZIP Code + 4	12.a. Nature of interest held or income received.		
State ZIP Code + 4	12.a. Nature of interest held or income received.		
	12.a. Nature of interest held or income received.		
	12.a. Nature of interest held or income received.		
	12.a. Nature of interest held or income received.		
	12.a. Nature of interest held or income received. 12.b. Amount.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount.		
State ZIP Code + 4 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount. er parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. er parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment.		

Name of Person Filing ALOO ZAMBETTI	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Sheat Metal Lubralas Local #19 Joint Apparatics Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1301 South Columbus BLVD City Philadel Phia State PA ZIP Code + 4 19197	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. ADVANCED TRAINING 2004 EXPENSE REIMBURSEMENT		
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing ALOO ZAMBCTTi	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary valuabstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Shear Metal While LS Lord 19 To The Properties Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 139 South Columbus BUD City Ph. ChelePhi A State PA ZIP Code + 4 19147	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. JOSY REGIONAL CONTEST Ladgins Expense Reinbursenent 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	481.00
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:	,	
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
State ZIP Code + 4	14.b. Amount of payment.	
Instruction Instru		

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Name of Person Filing ALDO ZAMBETTI		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the busines yely seeking to represent, or irectly to, or otherwise	ss	
8. Name and address of Business (including trade name, if any). Name INTERNATIONAL TRANSING TUSTINE FIRTHESheet METAL AND ARCONDITIONING TUDISTRY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street GOI N. FAIRFAX ST City ALEXANDRIA	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
State ZIP Code + 4 223/4			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such deals 2004 ADVANCE TRAYEL LOGGING EXPENSE Rein	abursement	
	11.b. Approximate dollar valu	ue of such dealing. /803.00	
State ZIP Code + 4	12.a. Nature of interest hel	ld or income received.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing ALDO ZAMBETTI	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Sheet Metal Workers Local #19 Bender Towns Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1301 South Columbus BlvD City Philadel Phila State PA ZIP Code + 4 19/47	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Street	11.b. Approximate dollar value of such dealing.		
City State ZIP Code + 4	12.a. Nature of interest held or income received. SPOUSE SALARY		
	12.b. Amount.	27,349.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:	,		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing ADO ZAMBOTTI	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Shert Mad War Lots Local #11 Beret Towns Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 130/Sout Columbus BlvD City Philadel Phia State PA ZIP Code + 4 19147	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	11.b. Approximate dollar value of such dealing.		
State ZIP Code + 4	12.a. Nature of interest held or income received. SPOUSE BENEFIT PACKASE		
	12.b. Amount.	18,863.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:		-	
P.O. Box, Bldg., Room No., if any		La company de la	
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Sheet Moth Workers LU#19 Beverit FUNDS	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1301 So Th Colombus BLVD.	c. Employer	
City PhiladelPhia		
State		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	*	
	12 h Arrount	
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Spouse Expense Reimbo	PS6m6kTT
Name	Sport Chiperin Strains	
Trade Name, if any:	,	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	372,00